



**Town of Harpswell
Code Enforcement Office
BLASTING PERMIT APPLICATION**

(CEO Approval Sticker)

Comments/Conditions of Approval:

I. IDENTIFICATION – Must be completed by all applicants. Please print clearly.

Applicant Name: _____ **Telephone Numbers:** _____
Mailing Address: _____ **Days:** _____
_____ **Nights:** _____
_____ **Fax:** _____

E-Mail Address: _____
Is the applicant also the property owner? ☐ YES ☐ NO (If no, complete owner information below)

Owner Name: _____ **Telephone Numbers:** _____
Mailing Address: _____ **Days:** _____
_____ **Nights:** _____
_____ **Fax:** _____
E-Mail Address: _____

General Contractor: _____ **Telephone Numbers:** _____
Mailing Address: _____ **Days:** _____
_____ **Nights:** _____
_____ **Fax:** _____
E-Mail Address: _____

Blasting Contractor: _____ **Telephone Numbers:** _____
Mailing Address: _____ **Days:** _____
_____ **Nights:** _____
_____ **Fax:** _____
E-Mail Address: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make application as his authorized agent. All work authorized by this permit will comply with all applicable town ordinances. I understand that ***I MAY NOT START ANY PART OF MY PROJECT WITHOUT FIRST RECEIVING A PERMIT.***

Signature of Owner or Applicant: _____ Date _____

I am the (please check one): ☐ Owner ☐ Applicant/Authorized Agent*

***NOTE: IF APPLICANT IS NOT THE PROPERTY OWNER, THIS APPLICATION MUST BE ACCOMPANIED BY A LETTER OF AUTHORIZATION SIGNED BY THE PROPERTY OWNER.**

II. LOCATION:

Map _____ Lot _____

Street Address No. _____

Street Name _____

III. BLASTING OPERATION INFORMATION:

Material Removal Estimate: _____ CuYds Estimated No. of Blasts Required: _____

Projected Work Dates: _____ Hours and Duration of blasting: _____

Adjacent Land Uses: _____

Project _____

Description: _____

SITE PLAN DESCRIPTION: Indicate below, or on an attached site plan, the location of the activity and distances from the blast to adjacent structures. .

FOR TOWN USE ONLY:

Completed Application:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Proof of Preblast Assessment submitted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Seismograph record submitted after blasting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Proof of Insurance submitted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Forward to Planning Board:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____

Reviewed by Town Planner or Designee: Signature _____

Undue Hardship Granted: ☐ Yes ☐ No Date _____
(List any special conditions next to approval sticker)

Application Approved: ☐ Yes ☐ No Date _____

Permit Fee: \$ _____

Permit No. Issued _____ Date _____

ADDITIONAL INFORMATION IF REQUIRED BY CEO

Water Quality Monitoring: ☐ Yes ☐ No Date _____

Water Quantity Monitoring: ☐ Yes ☐ No Date _____